| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | A M | 917 | 03-02-01 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | ..................... Rejected | N | ..................... Non-elected |
| = | ..................... Allowed | I | ..................... Interference |
| – | (Through numeral)... Canceled | A | ..................... Appeal |
| ÷ | ..................... Restricted | O | ..................... Objected |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)